FORM D SEC Mail Processing SECURITIES AND EXCHANGE COMMISSION UNITED STATES OMB APPROVAL OMB Number: 3235-0076 April 30, 2008 Section Washington, D.C. 20549 Expires: Estimated average burden MAR - 4 2008 Hours per response: 16.00 SEC USE ONLY FORM D vvesnington, DC Prefix Serial NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, DATE RECEIVED SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (check if this is an amendment and name has changed, and indicate change.) Securis I Fund L.P. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing M Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Securis I Fund L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 44 207 933 4806 PO Box 309GT, Ugland House, South Church Street, George Town, Grand Cayman, Cayman Islands Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business To operate as a private investment partnership. Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed

GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

Month

CN for Canada; FN for other foreign jurisdiction)

__09

Year

05

Estimated

DE

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Director Director of the Check Box(es) that Apply: ☐ Beneficial Owner Executive Officer General Partner Full Name (Last name first, if individual) Boleat, Richard **Business or Residence Address** (Number and Street, City, State, Zip Code) PO Box 309GT, Ugland House, South Church Street, George Town, Grand Cayman, Cayman Islands Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director Director of the General Partner Full Name (Last name first, if individual) Procter, Rob Business or Residence Address (Number and Street, City, State, Zip Code) PO Box 309GT, Ugland House, South Church Street, George Town, Grand Cayman, Cayman Islands Check Box(es) that Apply: Promoter Executive Officer ☐ Director Director of the Beneficial Owner General Partner Full Name (Last name first, if individual) Hinze, Christian **Business or Residence Address** (Number and Street, City, State, Zip Code) PO Box 309GT, Ugland House, South Church Street, George Town, Grand Cayman, Cayman Islands Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner Promoter Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					В.	INFORMA	TION AB	OUT OFFE	ERING	_			
1.	Has the	issuer sol	d, or does t	he issuer ir		l, to non-ac				ç?	Yes	No ⊠	
	A	Answer also	o in Appen	dix, Colum	n 2, if filin	g under UL	OE.		-				
2.						pted from a					<u>\$5,</u>	<u>* 000,000</u>	
	*5	subject to t	ne discretio	on of the G	eneral Part	ner to accep	ot lesser an	iounts.			Ye	s No	
3.	Does th	ne offering	permit joir	it ownershi	p of a sing	le unit					_	" 👸	
4.	Enter tl	he informa	tion reques	ted for eacl	n person w	ho has beer	or will be	paid or giv	en, directly	or indirect	lly, any cor		
													sociated person o
						and/or wit a broker or							
	Applica		.0 410 43300	nated perso	nis or such	u broker or	dealer, yo	a may set is	oral are iniv	Jimanon 10	inut brok	ci oi dealei	only. The
Full Nan	ne (Last	name firs	t, if individ	ual)									
Business	or Res	idence Ade	dress (Num	ber and Str	rect, City, S	State, Zip C	ode)						
Name of	Associ	ated Broke	er or Dealer				<u></u>						
			ted Has So or check in			olicit Purch	nasers					□ AI	l States
					•		- 242					_	
	AL] IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	(FL) [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
	MT]	[NE]	[NV]	[NH]	[N3]	[LA] [NM]	[NY]	[NC]	[ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[NO] [PA]
	RIJ	[SC]	[SD]	ITNI	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[wi]	[WY]	[PR]
Full Nan	ne (Last	name first	t, if individ	ual)									
Business	or Res	idence Ade	dress (Num	ber and Str	cct, City, S	State, Zip C	ode)						
Name of	Associ	ated Broke	r or Dealer	<u>-</u> -	•								
			ted Has So or check in			olicit Purch	asers					□ AI	l States
[.	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[L]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	įΜΟΙ
	MT] RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
			i, if individ						[]		,	[1	
Business	or Resi	idence Ado	Iress (Num	ber and Str	eet, City, S	state, Zip C	ode)		-				
			r or Dealer										
										_			
			ted Has So or check in			olicit Purch	asers					☐ AI	States
ſ	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[]	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
Į.	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already s "none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the countries offered for exchange and already exchanged.			
	Turn of Security	Aggregate Offering Price		Amount Already Sold
	Type of Security Debt		\$	
	Equity		- <u>-</u> *	
	[] Common [] Preferred	<u> </u>	. <u>*</u>	<u> </u>
	Convertible Securities (including warrants)	. S	\$	
	Partnership Interests		-	2,750,000
	Other (Specify)		- <u>-</u>	
	Total			2,750,000
	Answer also in Appendix, Column 3, if filing under ULOE.	\$500,000,000	. 💆	2,730,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this off amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have paggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		and t	
		Investors		Purchases
	Accredited Investors	2	\$	2,750,000
	Non-accredited Investors		<u>\$</u>	1
3.	Total (for filing under Rule 504 only) Answer also in Appendix, Column 4. if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this off type listed in Part C - Question 1.	sold by the issuer, tering. Classify secu	ırities	e, in by
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	•		\$
	Regulation A		_	\$
	Rule 504			\$
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securitie amounts relating solely to organization expenses of the issuer. The information may be given as subjet the amount of an expenditure is not known, furnish an estimate and check the box to the left of the est	s in this offering. E		le
	Transfer Agent's Fees	[}	\$0
	Printing and Engraving Costs	[х ј	\$*
	Legal Fees	[хј	\$ *
	Accounting Fees	[x j	\$*
	Engineering Fees	[]	\$0
	Sales Commissions (specify finders' fees separately)]	\$0
	Other Expenses (identify)	[X]	\$ *
	Total	[ХJ	\$*100,000

^{*}All offering and organizational expenses are estimated not to exceed \$100,000.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5.	Indicate below the amount of the adjusted gross proceeds to the is purposes shown. If the amount for any purpose is not known, fur estimate. The total of the payments listed must equal the adjusted C - Question 4.b above.	nish an esti	mate a	and cl	neck the box to the	left -	of the	
					Payments to Officers, Directors, & Affiliates			Payments to Others
	Salaries and fees		[]	\$	[]	<u>\$</u>
	Purchase of real estate		[]	\$	[]	<u>\$</u>
	Purchase, rental or leasing and installation of machinery and equi	pment	[]	\$	[]	<u>\$</u>
	Construction or leasing of plant buildings and facilities		[]	<u>\$</u>	l]	<u>\$</u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the ass securities of another issuer pursuant to a merger)	ets or	[]	<u>\$</u>	[]	\$
	Repayment of indebtedness	•••••	[]	\$	ſ]	\$
	Working capital		Į]	\$	I	1	\$
	Other (specify): <u>Investment Capital investing in affiliated Maste</u>	r Fund	[]	X]	\$499,900,000	[]	\$
	Column Totals		[:	x j	\$499,900,000	[]	\$
	Total Payments Listed (column totals added)	•••••			[X] <u>\$</u>	499,9	0,00	00_
	D. FED	DERAL SIG	NAT	URE	 -			
igr	issuer has duly caused this notice to be signed by the undersigned ature constitutes an undertaking by the issuer to furnish to the U.S mation furnished by the issuer to any non-accredited investor pure	. Securities	and E	xchar	nge Commission, i			
SSL	er (Print or Type)	Signature		7	. 0		D	Pate C
e	curis I Fund L.P.		L	$\overline{}$	<u></u>			3 3 .08
ar	ne of Signer (Print or Type)	Title of Sign	ner (P	rint o	r Type)			. 1-
	hard Boleat	Director of Gerard Ponter						

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

	E. STATE SIGNATURE
1.	Yes No list any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?
	See Appendix, Column 5, for state response. Not applicable

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D
 (17 CFR 239.500) at such times as required by state law. Not applicable
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. **Not applicable**
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. Not applicable

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date 3 3 0 8
Securis I Fund L.P.	33308
Name (Print or Type)	Title (Print or Type)
Richard Boleat	Director of General later

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

Securis I Fund L.P.

1	7 2		Securis i Fund L.P.								
	Intend to non-acc invest Sta (Part B-	redited ors in ite	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of i	Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)						
State	Yes	No	Limited Partnership Interests \$500,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AK											
AL	1										
AR									-		
AZ									<u> </u>		
CA			<u> </u>		 .	_			 		
CO											
CT											
DC											
DE		Х	Х	1	\$750,000	0	0		1		
FL									_		
GA				- -							
HI				_							
IA											
ID									1		
IL											
IN											
KS											
KY											
LA											
MA		X	Х	0	\$0	0	0				
MD											
ME											
MI											
MN								_			
МО								_			
MS											
МТ											

APPENDIX

Securis I Fund L.P.

 		. 1	5						
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of i	Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Limited Partnership Interests \$500,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
NC									
ND									
NE									
NH	<u> </u>								
NJ				, <u>, , , , , , , , , , , , , , , , , , </u>					
NM	1								
NV					-				
NY		Х	Х	1	\$2,000,000	0	0		
ОН				 /					
OK									
OR									
PA		Х	X	0	\$0	0	0		
PR									
RI									
SC									
SD									
TN									
TX									
UT									
VA									
VI									
VT									
WA			•						
WI									
WV									
WY									

